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U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TN.

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
Civil DIVISION

WILLIAM GARY ARNOLD

(Name)

(Prison Id. No.)

(Name)

(Prison Id. No.)

Plaintiff(s)

v.

ERIN Bullard Jail Admin;  
~~WILLIAM GARY ARNOLD~~

(Name)

MELISSA Pryor Jail Nurse

(Name)

Defendant(s)

(List the names of all the plaintiffs filing  
this lawsuit. Do not use "et al." Attach  
additional sheets if necessary.)

Civil Action No. \_\_\_\_\_  
(To be assigned by the Clerk's Office.  
Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants  
against whom you are filing this  
lawsuit. Do you use "et al." Attach  
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED  
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: WILLIAM GARY ARNOLD  
Prison I.D. No. of the first plaintiff: \_\_\_\_\_  
Address of the first plaintiff: 1012 JTP Dr. Livingston TN  
38570

Status of Plaintiff: CONVICTED ☒ PRETRIAL DETAINEE ☐

2. Name of the second plaintiff: N/A  
Prison I.D. No. of the second plaintiff: \_\_\_\_\_  
Address of the second plaintiff: \_\_\_\_\_

Status of Plaintiff: CONVICTED ☐ PRETRIAL DETAINEE ☐

Revised 11/2014

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: ERIN Bullard (J.A.)  
 Place of employment of the first defendant: OVERTON CO.  
JAIL (ADMINISTRATOR)  
 First defendant's address: 1010 J.T.P. DRIVE  
LIVINGSTON, TN. 38570  
  
 Named in official capacity? ☒ Yes ☐ No  
 Named in individual capacity? ☒ Yes ☐ No
  
2. Name of the second defendant: MELISSA PRYOR  
 Place of employment of the second defendant: OVERTON CO.  
JAIL (Nurse)  
 Second defendant's address: 1010 J.T.P. drive  
LIVINGSTON, TN. 38570  
  
 Named in official capacity? ☒ Yes ☐ No  
 Named in individual capacity? ☒ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

## II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).  
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

N/A

III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? Yes ☒ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs N/A

Defendants

2. In what court did you file the previous lawsuit? N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? N/A

4. What was the Judge's name to whom the case was assigned? N/A

5. What type of case was it (for example, habeas corpus or civil rights action)?

N/A

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) N/A

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending?

N/A

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) N/A

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? Yes ☒ No

*(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)*

## IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. N/A

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☒ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? Filed grievance  
AFTER REQUEST FOR HELP.

2. What was the response of prison authorities? WAS REFUSED  
ADEQUATE TREATMENT.

F. If you checked the box marked "No" in question IV.D above, explain why not. N/A

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☒ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? WAS TOLD THAT I  
WOULD NOT RECEIVE ADEQUATE TREATMENT.

2. What was the response of the authorities who run the detention facility? \_\_\_\_\_

IT WAS THE JAIL ADMINISTRATOR  
WHO MADE THE DECISION NOT TO GIVE ME  
TREATMENT.

J. If you checked the box marked "No" in question IV.H above, explain why not. \_\_\_\_\_

N/A

#### V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

My 8th amendment was violated due to the cruel  
and unusual treatment I received, pain and suffering  
I endured, from no treatment of the injury I  
sustained.

#### VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

PLEASE REFER TO STATEMENT PRINTED.  
EXHIBIT #1

VII. RELIEF REQUESTED: State exactly what you want the Court to order each defendant to do for you.

*I AM SEEKING AWARD FOR THE PAIN & SUFFERING I ENDURED, ANY MEDICAL EXPENSES I MAY HAVE DUE TO THE DAMAGE INCURRED BECAUSE MY INJURY WAS NOT TREATED IN A FINELY MANNER, THIS I HOPE WILL CREATE A CHANGE IN PROCEDURE AT THIS JAIL.*

I request a jury trial. ☒ Yes ☐ No

VIII. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: William D. Arnold Date: 10/23/2015  
 Prison Id. No. \_\_\_\_\_  
 Address (Include the city, state and zip code.): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Prison Id. No. \_\_\_\_\_  
 Address (Include the city, state and zip code.): \_\_\_\_\_

**ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT**, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

**ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**, if not paying the civil filing fee.

**SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.** Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.